WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1935

Do not use this space.

11744-A

1. PLACE OF DEATH

County Wayne — Registration District No. 1 — File No.

Township Logan — Primary Registration District No. — Registered No. 1

City Patterson (No. , St. Ward)

2. FULL NAME Marcus Edgar Elayer,

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/ 13/ 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER

13. NAME Joseph Elayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Mahetable Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York.

17. INFORMANT (ADDRESS) Mary Elayer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patterson DATE 3/ 31/ 1935

19. UNDERTAKER (ADDRESS) Yates Undertaking Company, Piedmont, Mo.

20. FILED May 13 1935 - Mrs. T. M. Polk. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 3/28/ 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Yates, Coroner M.D.

(Address) Piedmont, Mo.